1. <u>Mental Health/Homelessness Outreach Nurse</u> (Pages 1 - 6)

#### **REPORT TO CABINET MEMBER FOR DECISION**

Open		Would any decisions proposed :							
Any especially affected	· · / (a) Da			e entirely within cabinet's powers to decide YES					
Wards	Discretionary /	(b) Need to be recommendations to Council NO							
	Operational	(c) Key	Decisi	NO					
Lead Member: Cllr Adrian Lawrence		Othe	Other Cabinet Members consulted:						
E-mail:cllr.adrian.lawrence@west- norfolk.gov.uk			Other Members consulted:						
Lead Officer: D Hall E-mail: Duncan.hall@west-norfolk.gov.uk Direct Dial:		Other Officers consulted:							
Financial	Policy/Person	nel S	tatutory		Equal Impact	Risk Management			
Implications YES	Implications YES	In	nplicatio	ons YES	Assessment NO	Implications YES			
Date meeting advertised: 3 <sup>rd</sup> January 2019			Date of meeting decision to be taken: 10 <sup>th</sup> January 2019						
Deadline for Call-In: 17 <sup>th</sup> January 2019									

#### MENTAL HEALTH / HOMELESSNESS OUTREACH NURSE

#### Summary

This report deals with a decision to commission a specialist mental health and housing service to work alongside the existing rough sleeping outreach, and housing options teams. A significant proportion of those facing homelessness or rough sleeping suffer from mental health problems. There is a gap in service provision for people who are homeless including rough sleepers who need help connecting to main stream mental health services, and immediate intervention if required.

This proposal involves seconding a mental health practitioner to work with homeless people, enabling them to get the services they need to improve their health and be better equipped to secure and maintain independent accommodation.

The proposal is based on a specialist mental health nurse engaging with vulnerable homeless people in need of mental health interventions the equivalent time of 2 days per week. The proposal will be funded from the 'Flexible Homelessness Support grant' from Ministry for Housing Communities and Local Government. Supplementary funding could be provided by the local Clinical Commissioning Group (CCG).

Ensuring that people who are homeless or threatened with homelessness receive appropriate support and treatment for mental health problems is key to creating the conditions for taking steps towards securing and then maintaining accommodation. The proposal will help to meet the Council's duty to prevent homelessness and its ambition to eradicate rough sleeping.

#### Recommendation

To commission NSFT to secure a mental health nurse (band 6) for 2 days per week by way of a secondment offered to an existing NSFT employee.

To fund the resource for 2 years at £24,770 pa, at a total maximum cost of  $\pounds$ 49,540.

To seek a contribution from the Clinical Commissioning Group towards the identified costs.

#### **Reason for Decision**

The Council provide a range of services for homeless people which includes accommodation as well as commissioning support services. Accessing housing related support for those suffering from mental illness is a vital part of preventing homelessness.

The proposal will help:-

- Reduce homelessness and repeat homelessness and associated costs
- Help tackle rough sleeping and associated social and human costs
- Reduce burden on Mental Health crisis team and Police

#### 1 Background

1.1 Mental health issues are a problem for many people rough sleeping due to the often chaotic lifestyle of this cohort. Some people find it difficult to adhere to prescribed medication or attend relevant appointments. This can lead to a spiral of erratic behaviour which, often in conjunction with substance misuse. The consequences can be losing any accommodation or support and ending up in crisis or requiring hospital admission.

1.2 At present there is no mental health outreach service that is able to physically see rough sleepers and chaotic homeless people with mental health problems in the community and provide direct referrals into primary and secondary mental health services, assess and administer medication.

1.3 There have been a number of changes in Norfolk to services for people with mental health problems who have difficulties with housing. A new countywide service was launched in March 2018. The Norfolk Integrated Housing and Community Support Service exists to provide housing related support to those with a diagnosis of 'severe mental illnesses. The eligibility criteria is different from previously commissioned services, including the mental health floating support service. One key difference is that housing authorities cannot make referrals to the service. A key function of this new role will be to enable referrals into the new service, as well as ensuring connection with the network of other support services as well as primary health.

### 2 Proposal

2.1 The proposal has been devised in conjunction with the Norfolk and Suffolk Foundation Trust (NSFT). The post is effectively a new job role, although its principle skills set is most aligned with a qualified mental health nurse at band 6. In addition to this training and familiarization in relation to housing options and the outreach service will be necessary. The role will be based on the secondment of an existing MH nurse from NSFT to work for the equivalent of 2 days a week for a period of 2 years with effect from April 2019.

- 2.2 The key objectives of the resource will be:-
  - Assessment and referral to the Norfolk Integrated Housing and Community Support Service (NIHCSS).
  - Continuing support to people identified by the Council's housing options service for those not eligible for the NIHCSS service above but who nevertheless are vulnerable to losing accommodation because of mental health circumstances
  - Reduce the number of homeless or threatened with homeless suffering from a mental health issue, who do not have access to appropriate housing related support and mental health treatment

#### 2.3 Delivery arrangements

The service delivery approach is based on 2 components. Firstly that of nursing skills, and secondly of working with a network of organisations to refer and connect people to appropriate help.

- 2.4 In a nursing capacity the role will:
  - assess and talk to patients about their problems and discuss the best way to plan and deliver their care
  - build relationships with patients to encourage trust, while listening to and interpreting their needs and concerns
  - ensure the correct administration of medication, including injections, and monitor the results of treatment

2.5 It is proposed that the mental health outreach nurse will liaise with the following:-

- The Purfleet Trust (PT) PT have a treatment room within their new building and the local Clinical Commissioning group have agreed to a nurse providing medical treatment to homeless people for a couple of hours per week. The mental health nurse would complement this by providing both a medical and mental health service to rough sleepers and homeless people with mental health problems.
- Rough Sleeper Outreach Service The mental health nurse would be able to carry out visits with the outreach team to assess people who are street homeless and rough sleeping and thereby offering them the mental health support and assistance they require.

- The Council's Housing Needs Coordinator The mental health nurse would be guided by the coordinator in carrying out assessments of homeless people, those in temporary accommodation and hostels.
- Homeless Hostels The mental health nurse would be able to assess, assist and refer people for mental health intervention for those who are reluctant to engage with mental health services or who often miss set appointments which result in them becoming unwell, possibly being evicted or ending up in crisis.

#### **3** Policy Implications

3.1 The proposal is consistent with the Council's current Homelessness Strategy 2016-2019 and the emerging new Homelessness and Rough Sleeping Strategy.

#### 4 Financial Implications

4.1 The Borough Council will utilise resources from the 'Flexible Homelessness Support Grant as follows:-

#### Total annual cost - £24,770pa

Yr. 1

BCKLWN	£19,770		
Clinical Commissioning Group	£ 5,000		

#### Yr. 2

BCKLWN £24,770

4.2 It is envisaged that the Clinical Commissioning Group will undertake an assessment of the value of this service to the wider health economy – including the impact on acute care and primary care interventions for the cohort. If proven value is demonstrated there is a possibility that an additional  $\pounds$ 5,000 will be made available for yr. 2.

4.3 The Borough Council has an allocation of £196,668 for 2019/20 from the Ministry Housing Communities Local Government's Flexible Homelessness Support Grant (FHSG).

#### 5 Staffing Implications

5.1 There are no staffing implications as the new role will be hosted by NSFT.

#### 6 Statutory Considerations

6.1 The proposal will contribute to the Council's statutory role in preventing homelessness.

# 7 Equality Impact Assessments (EIA's) (Pre-screening report template attached)

#### 8 **Risk Management**

8.1 Failure to respond effectively to the identified issue of rough sleeping can lead to tragic consequences for individuals in our communities

Signed: .....

Cabinet Member for .....

Date .....

## Pre-Screening Equality Impact Assessment





Name of policy/service/function	Mental healt	h nurse / outreach					
Is this a new or existing policy/ service/function?	New						
Brief summary/description of the main aims of the policy/service/function being screened.	To be used to support services that help prevent homelessness						
Please state if this policy/service rigidly constrained by statutory obligations	There are statutory obligations in relation to preventing homelessness						
Question	Answer						
1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups according to their different protected characteristic, for example, because			Positive	Negative	Neutral	Unsure	
hey have particular needs, experiences, issues or	Age				•		
priorities or in terms of ability to access the	Disability				•		
service?	Gender				•		
	Gender Re-assignment				•		
Please tick the relevant box for each group.	Marriage/civil partnership				•		
	Pregnancy & maternity				•		
NB. Equality neutral means no negative impact on any group.	Race				•		
	Religion or belief				•		
	Sexual orienta	ation			•		
	Other (eg low	income)			•		
Question	Answer	Comments					
<b>2</b> . Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favoring a particular community or denying opportunities to another?	No						
3. Could this policy/service be perceived as impacting on communities differently?	No						
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No	Designed to tackle the disadvantage of having a mental illness, and being homeless or having to sleep rough					
<b>5.</b> Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions?	/ No	Actions:					
If yes, please agree actions with a member of the Corporate Equalities Working Group and list		Actions agreed by EWG member:					
agreed actions in the comments section							
		•					